

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee FP1 STRATEGIES LLC		Date MM / DD / YYYY 09 / 17 / 2012	
Mailing Address PO BOX 16504		Amount 20800.00	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24-0.030819
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: LOIS CAPPES		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199310.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC		Date MM / DD / YYYY 09 / 17 / 2012	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount 21224.91	
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030820
Purpose of Expenditure MEDIA	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 597966.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	42024.91
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 18 / 2012

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(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00075820		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					

Full Name (Last, First, Middle Initial) of Payee ROTTERMAN & ASSOCIATES			Date M M / D D / Y Y Y Y Y Y 09 / 18 / 2012		
Mailing Address PO BOX 99667			Amount 21564.94		
City RALEIGH	State NC	Zip Code 27624	Transaction ID : SE24-0.030836		
Purpose of Expenditure MEDIA		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 841577.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC			Date M M / D D / Y Y Y Y Y Y 09 / 18 / 2012		
Mailing Address 2130 PRIEST BRIDGE DR # 11			Amount 12500.00		
City CROFTON	State MD	Zip Code 21114	Transaction ID : SE24-0.030837		
Purpose of Expenditure SURVEY RESEARCH		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE MCINTYRE			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 841577.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34064.94
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	76089.85

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
09 / 18 / 2012